

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

2. Full name of child Robert Arthur Simmonds

3. Sex of Child male

4. Twin, triplet or other \_\_\_\_\_

5. No., in order of birth \_\_\_\_\_

6. Legitimate? yes

7. Date of birth 3-11-1928

8. FATHER

Full name Bert Simmonds

9. Residence (Usual place of abode) Globe Ariz

10. Color or race white

11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Oklahoma City

(State or country) Okla.

13. Occupation Truck Driver

Nature of industry \_\_\_\_\_

14. MOTHER

Full maiden name Bernice Louise Hamner

15. Residence (Usual place of abode) Globe Ariz

16. Color or race white

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Waring

(State or country) Iowa

19. Occupation Housewife

Nature of industry \_\_\_\_\_

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:00 P. m. on the date above stated.

(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from \_\_\_\_\_

supplemental report \_\_\_\_\_

Month, day, year. \_\_\_\_\_

Signature T. C. Harper

(Physician or midwife)

Address Globe, Arizona

Filed 4/4 1928

Local Registrar.

County Registrar.

Registrar.

922-311-282